

## DME Fee Schedule Key

- Complete List Sorted by HCPCS
- Wheelchair Fee Schedule

Complete List Sorted by HCPCS	
<b>**Please note changes: Y indicates that item is covered by LTC and N indicates the LTC will not cover.</b>	
Column Heading	Description
HCPCS	Procedure Code
Description	Procedure Description
COS	Category of Service 41 – Equipment and Prosthesis 48 – Supplies
<b>*PA Req</b>	Indicates whether Prior Approval is Required  N – No PA required Y – PA required R – Continuous Rental B – Rent to Purchase *E – Requires PA for Purchase, Modifications, and Repairs when the sum of repair is more than \$400
<b>**LTC</b>	Indicates whether the item is the responsibility of the Long Term Care Facility Y – LTC responsibility N – Not LTC responsibility
Medicare Covered	Indicates whether Medicare covers the items and if Medicare should be billed prior to HFS Y – bill Medicare prior to HFS <b>N – not covered by Medicare, bill HFS directly 180 days from the date of service.</b>  If Medicare coverage policy is situational, bill Medicare.
Purchase Price	Maximum allowable price HFS will reimburse for the item.
Rent Price	Maximum monthly rental price HFS will reimburse for the item.
Max Quan/Days	Maximum quantity limit HFS will allow within the number of days.
Wheelchair Fee Schedule	
HCPCS	Procedure Code
Description	Description of the code
Electric	Maximum allowable amount for a component or base for an electric wheelchair
Manual	Maximum allowable amount for a component or base for a manual wheelchair

\*The PA indicators have been changed.

\*\* The LTC indicators have been changed.